**Current Principal Place of Business:**
39 STILLMAN STREET  
SAN FRANCISCO, CA  94107

**New Principal Place of Business:**
149 NEW MONTGOMERY STREET  
3RD FLOOR  
SAN FRANCISCO, CA  94105

**Current Mailing Address:**
P.O. BOX 78350  
SAN FRANCISCO, CA  94107  83

**New Mailing Address:**
149 NEW MONTGOMERY STREET  
3RD FLOOR  
SAN FRANCISCO, CA  94105

**Name and Address of Current Registered Agent:**
CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL  33324  US

**Name and Address of New Registered Agent:**
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**
__________________________________________  ________________________________
Electronic Signature of Registered Agent  Date

**OFFICERS AND DIRECTORS:**

**Title:** CFOO  
**Name:** VERONIQUE, KESSLER  
**Address:** 149 NEW MONTGOMERY STREET, 3RD FLOOR  
**City-St-Zip:** SAN FRANCISCO, CA  94105 US

**Title:** C  
**Name:** SNOW, MICHAEL MR.  
**Address:** 149 NEW MONTGOMERY STREET, 3RD FLOOR  
**City-St-Zip:** SAN FRANCISCO, CA  94105 US

**Title:** VC  
**Name:** DVRREEDE, JAN BART MR.  
**Address:** 149 NEW MONTGOMERY STREET, 3RD FLOOR  
**City-St-Zip:** SAN FRANCISCO, CA  94105 US

**Title:** ED  
**Name:** GARDNER, SUE MS.  
**Address:** 149 NEW MONTGOMERY STREET, 3RD FLOOR  
**City-St-Zip:** SAN FRANCISCO, CA  94105 US

**Title:** DD  
**Name:** MOELLER, ERIK MR.  
**Address:** 149 NEW MONTGOMERY STREET, 3RD FLOOR  
**City-St-Zip:** SAN FRANCISCO, CA  94105 US

**Title:** GC  
**Name:** MICHAEL, GODWIN MR.  
**Address:** 149 NEW MONTGOMERY STREET, 3RD FLOOR  
**City-St-Zip:** SAN FRANCISCO, CA  94105 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** VERONIQUE KESSLER  
**Title:** CFOO  
**Date:** 03/03/2010  
**Electronic Signature of Signing Officer or Director**